



**Community Life  
Batemans Bay Inc  
HOPE HOUSE**

**Referral:**

*Client Name:	
*Date of Referral: *Where is Client/s currently staying (eg. Friend/Relative etc) * Name of Friend / Relative * Address of where client/s is staying	

**Referring Agency Details**

*Agency Name:	
*Agency Address:	
*Contact Phone Number:	
* Authorised Agency Contact:	
*Position:	
Email Address:	

**Send your completed application to:**  
Community Life Batemans Bay – Hope House  
6 Herarde Street  
Batemans Bay NSW 2536

Phone: 02 4407 0240 Mobile: 0431 722 886  
**Email: [hopehouse@communitylifebb.org.au](mailto:hopehouse@communitylifebb.org.au)**

# Client Details

*Family Name:	
*Given name/s:	
*Date of Birth (dd/mm/yy):	
*Contact Phone Number:	
*Country of Birth	
*Cultural Identity: If ATSI selected - please circle additional options:	<input type="checkbox"/> ATSI <input type="checkbox"/> CALD <input type="checkbox"/> OTHER - _____ Aboriginal Both Indigenous Neither Torres Strait Islander (Please specify)
*Australian Citizen/Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No – If 'no' type of Visa:
*Main language spoken at home:	_____ Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No
*Dependent Children:	Name: _____ DOB: _____ <b>M / F</b> Custody: <b>Y/N</b> Name: _____ DOB: _____ <b>M / F</b> Custody: <b>Y/N</b> Name: _____ DOB: _____ <b>M / F</b> Custody: <b>Y/N</b> Name: _____ DOB: _____ <b>M / F</b> Custody: <b>Y/N</b> Name: _____ DOB: _____ <b>M / F</b> Custody: <b>Y/N</b>

# Client Current Situation

<p>*Mental Illness / Disability:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p> <p>Medications:</p>
<p>*Physical Disability:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p>
<p>*Substance Use / Abuse:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p>
<p>*Intellectual / Cognitive Disability:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p>
<p>*Gambling Addictions:</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p>
<p>*Is support required for self care tasks, property care, budgeting &amp; cooking tasks?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p>
<p>*In Custody</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> * Yes, give details: _____</p> <p>_____</p> <p>Violence History:</p> <p>_____</p> <p>_____</p>
<p>Source of Income:</p>	

# Accommodation / Housing

<p>*Current Accommodation: <b>* (please tick one)</b></p> <p>*Address of ticked box: _____ _____ _____ _____</p>	<p><input type="checkbox"/> own home <input type="checkbox"/> private rental <input type="checkbox"/> Housing NSW / social housing <input type="checkbox"/> refuge <input type="checkbox"/> caravan <input type="checkbox"/> friend <input type="checkbox"/> family <input type="checkbox"/> other: <input type="checkbox"/> homeless - <b>see below</b> *</p> <p>* If homeless – are they receiving emergency accommodation through Housing NSW? <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>* What date does this assistance expire? _____</p>
<p><b>* Provide basic report/client 'story':</b></p> <p>_____ _____ _____ _____ _____ _____ _____</p>	
<p><b>Reasons for referring this client to the Hope House :</b></p> <p>_____ _____</p>	
<p><b>What Goals would you like to achieve whilst in Hope House:</b></p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	

# **MEDICATIONS SHEET**

**PATIENTS NAME:**

**Prescribing Doctor:**

**Contact Details:**

**Allergies: Food and medications:**

**Current Medications:**

<b>Medication Name</b>	<b>Dosage</b>	<b>Frequency</b>

## CLIENT CODE OF CONDUCT / TERMS & CONDITIONS – HOPE HOUSE

**The client's signature on this form indicates that he understands and agrees to the following conditions as a client of Hope House:**

- The accommodation provided is for a maximum of six (6) months, with a review being carried out monthly
- To be considerate and courteous towards other clients, visitors, staff and neighbours
- Bedrooms are on a share basis and must be kept clean. Inspections are done weekly and upon leaving
- The client agrees to the ongoing evaluation of their support needs while they are a resident of Hope House
- No smoking in the house or bedrooms, only in designated areas.
- No aggressive or abusive behaviour will be tolerated
- NO alcohol, NO drugs, NO porn for personal use or to share
- It is compulsory to cooperate in random drug and alcohol tests
- No borrowing or lending of money at ANY time from other residents or staff
- No animals allowed
- No visitors or noise after 10.00pm
- All visitors MUST report to the office and must abide by the Code of Conduct of Hope House
- Residents must be in the House by 10.00pm Sunday to Thursday and 11.00pm Friday and Saturday
- Residents are not to leave the House before 7.00am on any given day
- No overnight stays away from Hope House are permitted without permission of the Manager. If this is not complied with eviction will follow
- Residents must sign out when leaving the House and sign back in upon their return
- It is compulsory to attend all groups with the Hope House program
- Actively participate in the Individual Case management plans and the designated programs including Hope Fellowship
- Participate in Alcohol Anonymous where appropriate
- Access the services of Drug and Alcohol Counsellors and Mental Health Workers where appropriate
- Contribute to the effective operation of the house by:
  - Keeping their room tidy and vacuumed
  - Washing up the utensils they have used in cooking and eating after use
  - Contributing to the cleaning of the common areas of the house
  - Keeping bathrooms clean and tidy
  - Mowing the lawns as needed
  - Keeping gardens tidy
  - Putting rubbish bins out
- The client agrees to room searches and inspections at the discretion of the Manager
- Comply with any directions given to me by the Manager/supervisors of Hope House

- Assisting with volunteer work around the Anglican Church, hall and the Annex for 2 hours each week;
  - Vacuuming
  - Washing windows
  - Mowing lawns
  - Washing the bus
- Actively seek paid employment, if applicable
- Work towards obtaining their own accommodation at the end of the initial period
- The termination of their status as a client of Hope House if asked by the Manager to leave because:
  - their growth and development has ceased or stalled because of factors in their control
  - they have used drugs or alcohol while a resident
  - they have been abusive or aggressive towards others
- Follow reasonable instructions and directions given by the House Manager
- Any damage to the property, furniture and fittings will result in the client being evicted. Payments for any damage will be sought
- The client agrees that their accommodation cost will be paid through the Centrepay process
- Arrears in rent will result in eviction from Hope House
- The client is responsible for the security of their own possessions

### **Accommodation Fees**

Weekly accommodation fee of \$175.00 is payable two weeks in advance from the date of commencement.

Client Signature: \_\_\_\_\_

Date of commencement: \_\_/\_\_/20\_\_